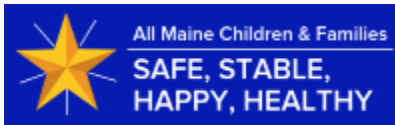


# **State of Maine Children's Residential Care Facility (CRCF) Services**

## **Provider Reference Guide**

**December 2021**

Maine Department of Health and Human Services  
Office of Child and Family Services



# Children’s Residential Care Facility Services Provider Reference Guide

## About this Guide

This Provider Reference Guide is a tool that was created to assist Children’s Residential Care Facilities (CRCF’s) with the implementation of the Qualified Residential Treatment Program (Q RTP) standards as outlined in the Federal Family First Prevention Services Act. This tool is designed to complement the specific MaineCare and Licensing rules governing the operation and service delivery of CRCF’s in relationship to these Q RTP standards. This guide does not encompass all the requirements for CRCF and providers should additionally reference the following rules:

[Children’s Residential Care Facility MaineCare Rule](#)  
[State of Maine Children’s Residential Care Facility Licensing Rule](#)

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## Acronyms

BHH	Behavioral Health Home
BHPC	Behavioral Health Program Coordinator
CALOCUS-CASII	Child and Adolescent Level of Care Utilization System – Child and Adolescent Service Intensity Instrument (ages 6 – 18)
CBHS	Children’s Behavioral Health Services
CSR	Continued Stay Review
DOE	Department of Education
ECSII	Early Childhood Screening Intensity Instrument (ages <6)
EIS	Enterprise Information Systems
LOCUS	Level of Care Utilization System
OCFS	Office of Child and Family Services
OOS	Out of State
PA/APA	Program Administrator/Assistant Program Administrator

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QRTP	Qualified Residential Treatment Program
SIA	Service Intensity Assessment
TCM	Targeted Case Manager

### **Section 1: Application Process**

**Step 1:** Children's Behavioral Health Treatment teams considering Children's Residential Care Facility (CRCF) Services for youth must consult with a [Children's Behavioral Health Services \(CBHS\) Behavioral Health Program Coordinator \(BHPC\)](#) prior to submission of the CRCF services application. The consultation form provided by the BHPC after consultation is required as part of the application for CRCF. Consultation with a BHPC is not an approval for CRCF Services.

BHPCs will facilitate a discussion of the youth's needs and potential community resources that may or may not have been already explored and that could potentially be explored if the youth is not approved for CRCF level of care. If, after this discussion, the team believes that CRCF services may be appropriate, a CRCF services application will be submitted to Kepro by the child's Targeted Case Manager (TCM)/Behavioral Health Home (BHH) provider. If there is no TCM/BHH provider, the parent/caregiver/other guardian, Child Welfare guardian, or another service provider may submit the application and also consider a referral to TCM/BHH. The application process is outlined below. More information about CRCF services is located [here](#).

**Step 2:** To initiate a referral to Kepro, the referent (TCM/BHH) will complete the CRCF services application and collect all required documentation and the signed Release of Information. The consult note completed by the BHPC should be included with other referral information. For youth in state custody when there is no TCM/BHH, the Child Welfare Guardian will be the referent and shall collect all required documentation and complete the CRCF services application.

*Submission:* Referents with access to Atrezzo will complete the referral directly in Atrezzo and will upload all required documents. Referents without Atrezzo access will submit the required application and documentation via secured email to [IntakeME@kepro.com](mailto:IntakeME@kepro.com) or secured fax directly to Kepro at 1.866.325.4752.

*\*If all required documentation is not submitted with the referral, Kepro staff will request further information from the referent. The eligibility assessment will not begin until all information is received by Kepro and the process will be marked as "Administrative Hold" in Atrezzo until the information is received. If all required documentation is not received after seven (7) business days, Kepro will mark as "Administrative Denial" in Atrezzo.*

**Step 3:** If the CRCF services application and documentation has been faxed or emailed, the referent shall call Kepro at 1.866.521.0027 to verify the referral has been received. Kepro will verify ONLY the receipt of the referral and will be unable to verify the completeness until the referral and documentation has been reviewed. Once the CRCF services application and supporting documentation is determined to be complete, Kepro will begin the eligibility determination process. This will require an interview with the youth and family. Referrals for youth 10 and under will be reviewed by Kepro's Medical Director to assure the clinical appropriateness for this population.

### **Section 2: Service Intensity Assessment and Eligibility Determination**

A comprehensive assessment (Service Intensity Assessment (SIA)) is required as part of the eligibility determination for CRCF services. The SIA, utilizing the Child and Adolescent Level of Care Utilization System

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- Child and Adolescent Service Intensity Instrument (CALOCUS - CASII), Early Childhood Service Intensity Instrument (ECSII), or Level of Care Utilization System (LOCUS) instrument, will inform the service intensity need and inform the determination of eligibility for the CRCF level of care as defined by MaineCare.

The SIA Process provides for an unbiased, third-party qualified individual (Kepro) utilizing a standardized assessment instrument to identify strengths, needs, and barriers, in order to assist in identifying short and long-term treatment goals. The purpose of the SIA is:

- To determine the level of service intensity to meet the youth's needs in the least restrictive environment;
- To work in conjunction with the youth's team at the initial SIA meeting to develop short and long-term goals regarding their behavioral and developmental health needs; and
- To ensure that the level of service intensity is consistent with the short and long-term goals outlined in the youth's identified behavioral and developmental health needs.

After receipt of the CRCF services application and all necessary documentation, Kepro will convene the SIA meeting within five (5) business days with the youth, youth's family and community-based team. Guidelines for this meeting includes:

- This meeting must include the Guardian, the youth, relatives, and friends chosen by the Guardian, and any other relevant service providers whenever possible. Whole team participation is important in this process and RSVP notifications may be considered. For youth in state custody, this meeting will also include the Child Welfare Guardian and Youth Transition Specialist.
- Kepro will guide a discussion in order to get the most thorough picture of the presenting problem. It is important that individuals having the most information about the client be in attendance. The goal of the assessment is to match the intensity of the problem to the intensity of services required. This meeting is typically 60 to 90 minutes.
- If relevant members are unable to attend, Kepro must document attempts to engage these members and the reason for non-participation.
- If the youth is fourteen (14) years or older, or younger and it is developmentally appropriate, the youth shall be allowed to invite individuals of his or her choosing.
- The guardian may be asked to sign releases of information during the meeting to give permission for Kepro to access further information required for completion of the SIA instrument(s).

### The SIA phase includes:

1. Application received.
2. SIA Meeting (This includes information review and interviews with team members).
3. Completion of the CALOCUS-CASII/ECSII or LOCUS.
4. Written Summary of Findings.
5. Verbal Report Out of Findings.

During the SIA process, Kepro will conduct interviews with all relevant parties. Facts gathered from the information review and interviews by Kepro will be utilized to complete the CALOCUS – CASII, ECSII, or LOCUS Instrument. Kepro will review the CRCF services application and submitted documentation utilizing Children's Residential Care Facility eligibility requirements, found in MaineCare Section 97. Kepro will document whether the youth meets criteria for CRCF services in Atrezzo.

### **Section 3: Written Summary**

Upon completion of the records review, interviews and SIA Meeting, Kepro will prepare a written summary of findings utilizing the *Level of Service Intensity Outcome* (SIO) Report. Once completed, Kepro will distribute the SIO report to the referent and youth's Guardian.

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Kepro will facilitate a second meeting with the team, a read-out meeting, to the guardian and youth's team/permanency team to hear the results of SIA within two (2) business days of the report being completed. This meeting is typically much shorter and can range from 10 to 30 minutes. The BHPC must be notified of this meeting although is not required to attend. If the SIA recommends that CRCF services may be the appropriate level of service intensity, the TCM/BHH provider will make referrals to appropriate CRCFs in Maine.

### **Section 4: Transfer of Children's Residential Care Facility Services**

If there is a recommendation that a youth be discharged from one CRCF services provider/location for admission to another CRCF services provider/location, a new CRCF services application must be completed. A new SIA will be scheduled to determine if CRCF services is still the least restrictive service intensity need. To request a transfer to a different CRCF services provider the following must be completed by the TCM/BHH or Child Welfare guardian (when applicable):

- Completion of the [CRCF Services Application](#) and selection of Transfer where indicated.
- A clinical letter from the current CRCF Clinician that includes the below:
  - Youth's Trauma history and current and past diagnoses.
  - Initial presentation and need at admission to the agency.
  - Youth and Family Therapy Goals and progress since admission.
  - A description of recent behaviors and symptoms that have required the need for this youth to transfer to include the frequency, intensity and duration of the behaviors and symptoms and the strategies and attempts made by the agency to provide treatment.
  - Please provide an explanation of why the youth can no longer be served by the agency and include specific components that will need to be in place at the receiving CRCF to successfully treat this youth.
  - Specific plan to ensure a trauma-informed transition for the youth.
- The sharing of all treatment information that is available about the youth and family members for the new assessment.

Kepro will review the CRCF services application, supporting documentation and the most recent CSR within five (5) business days. For youth in urgent situations such as those in emergency departments, every effort will be made by Kepro to complete the review as soon as possible. If the CRCF services application is denied, the youth will need to be discharged. The youth's team may consult with the BHPC to discuss other treatment options.

*\*The SIA will not be required when a CRCF is transferring a youth to another location within their own agency but a CRCF services application shall be submitted as outlined above. The SIA is however required if the youth is transferring to any other CRCF.*

### **Section 5: Compliance with the Assessment Process**

If Kepro is unable to reach the parent/caregiver/guardian(s) within two (2) business days of application submission to schedule the SIA meeting, Kepro will notify the referent.

- If the parent/caregiver/guardian is unwilling/unable to participate in the SIA process, Kepro shall advise that the SIA Process and CRCF services application will not be able to move forward and document *Administrative Hold* in Atrezzo.
- If the parent/caregiver/guardian continues to be unwilling/unable to participate in the SIA Process, Kepro will document this information in Atrezzo. After seven (7) business days, Kepro will document an *Administrative Denial* and forward the *Administrative Denial* in writing to the referent and parent/caregiver/guardian.

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In situations whereby the youth is in the custody of the State of Maine, the child welfare caseworker must attend all SIA meetings. OCFS cannot compel a parent/caregiver/guardian to participate in the SIA. In cases where the parent/caregiver does not engage in the SIA, Kepro will proceed with information from the Child Welfare guardian and other team members. Notices of all meetings will be sent through email/mail by Kepro to the parent/caregiver and their legal representation. The Child Welfare guardian may also make attempts to engage the parent/caregiver. The SIO report will be emailed to the parent/caregiver and legal representation.

If a youth does not have any family involvement, it is expected for youth in custody of the State of Maine, child welfare staff shall continue seeking relatives and natural supports who may be involved in the youth's life. They shall be invited to participate in treatment even if not a placement option.

### **Section 6: Referral and Admission Process**

If the SIA process recommendation determines that CRCF services is the appropriate service intensity need, the TCM/BHH provider and/or Child Welfare guardian (when appropriate) will make referrals to all appropriate CRCF's as soon as possible following the SIA recommendation. The TCM/BHH provider or Child Welfare guardian will submit the CRCF services application and all other requested documents to CRCF service providers. CRCF providers will review all referrals and notify the youth's team of their decision in a timely manner.

Upon acceptance for CRCF services, the TCM/BHH or Child Welfare guardian (when appropriate) will:

- Work with the CRCF services provider to plan for an admission date; and
- Notify the youth's current school and the school the youth will attend while receiving CRCF services.
- Notify the Department of Education of the youth's admission date for CRCF services via email to: [SAC.DOE@maine.gov](mailto:SAC.DOE@maine.gov).

### **Section 7: Discharge and Aftercare Support Services:**

*Discharge:* CRCF services discharge planning begins at the time of admission. A Discharge location should be identified prior to admission to the CRCF. Discharge planning will focus on returning the youth to the home/community in a timely manner. Discharge planning will be addressed at every team meeting and with each Continued Stay Review (CSR). All youth will be discharged when their symptoms have decreased enough to be treated utilizing community-based services. CRCF services should be used for the least amount of time necessary.

*Aftercare Support Services:* CRCF's are required to provide at least 6 months of post discharge Aftercare Support Services to youth and their families. Aftercare Support Services requirements can be found in Section 97 in the MaineCare rule with additional guidance found in Appendix I of this document.

### **Section 8: Children's Residential Care Facility (CRCF) Operations and Service Delivery**

The information in this section will provide additional guidance and support to providers for implementation of the MaineCare Section 97 and Licensing rules related to facility operation and service delivery requirements specific to meeting Qualified Residential Treatment Program Standards of the [Family First Prevention Services Act](#).

*Accreditation and Licensure:* CRCF's must be licensed as a Children's Residential Care Facility with the State of Maine Division of Licensing and Regulatory Services pursuant to 10-144 C.M.R. Chapter 36, Children's Residential Care Facilities Licensing Rule. CRCF's must also obtain and maintain accreditation from one of the following entities:

- a. The Commission on Accreditation of Rehabilitation Facilities (CARF);



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- b. Council on Accreditation (COA);
- c. The Joint Commission (formerly JCAHO); OR
- d. Another accrediting body as approved by the Department.

**Background Check Requirements:** All staff within a CRCF must undergo comprehensive background checks per 10-144 C.M.R. Chapter 36, Children's Residential Care Facilities Licensing Rule and set forth in 22 M.R.S. § 8110 and 42 U.S.C. § 671(20). This includes fingerprint-based background checks as well as child welfare and adult protective checks. For more information visit the [OCFS Children's Investigation and Licensing Website](#).

**Nursing and Clinical Staff Availability:** All CRCFs shall have a Nurse and Licensed Clinical staff available to the program, either as an employee or contracted non-employee, 24 hours per day, 7 days per week in accordance with the trauma informed treatment model. The nurse may provide in-person, telehealth, and/or telephonic support outside of normal business hours as needed. The Nurse must be either: A Psychiatric Mental Health Nurse Practitioner (PMHNP), or a Registered Nurse (RN) with experience in the treatment of children with serious behavioral health conditions.

**Trauma Informed Treatment:** All CRCF's must demonstrate delivery of Trauma-Informed Care which includes:

- a. The completion of a Trauma-Informed Agency Assessment annually, or as requested by the Department, and make the results of this assessment available to the Department which may result in quality improvement recommendations.
- b. Documentation of policies and procedures that incorporate Trauma Informed Care;
- c. Documentation of Trauma Informed Care training for all staff to be completed within ninety (90) days of hire, and as requested by the Department. Resources for training can be found on the [OCFSCBHS website](#), and
- d. Implementation of a Trauma-Informed Treatment model whereas all employees, volunteers, interns, and independent contractors are trained in the trauma informed approach that is applicable to the population of youth served. Examples of approved models are below:

Children and Residential Experiences (CARE)	<a href="http://rccp.cornell.edu/care/care_main.html">http://rccp.cornell.edu/care/care_main.html</a>
The Sanctuary Model	<a href="http://www.sanctuaryweb.com/">http://www.sanctuaryweb.com/</a>
Collaborative Problem Solving (CPS)	<a href="http://www.thinkkids.org/learn/our-collaborative-problem-solving-approach/">http://www.thinkkids.org/learn/our-collaborative-problem-solving-approach/</a>
Attachment, Regulation, and Competency, System Level (ARC)	<a href="http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/">http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/</a>
Neurosequential Model of Therapeutics (NMT)	<a href="https://www.neurosequential.com/nmt">https://www.neurosequential.com/nmt</a>
Ukeru	<a href="https://www.ukerusystems.com/">https://www.ukerusystems.com/</a>
Risking Connection (RC)	<a href="https://traumaticstressinstitute.org/services/risking-connection-training/">https://traumaticstressinstitute.org/services/risking-connection-training/</a>
The Restorative Approach	<a href="https://traumaticstressinstitute.org/services/restorative-approach-training/">https://traumaticstressinstitute.org/services/restorative-approach-training/</a>
Trauma Systems Therapy (TST)	<a href="https://www.nctsn.org/interventions/trauma-systems-therapy">https://www.nctsn.org/interventions/trauma-systems-therapy</a> ,
Trauma Affect Regulation: Guide to Education and Therapy (TARGET)	<a href="https://www.nctsn.org/sites/default/files/interventions/target_training_guidelines.pdf">https://www.nctsn.org/sites/default/files/interventions/target_training_guidelines.pdf</a>

**Family Engagement and Outreach:** Once a youth is admitted for CRCF services, it is critical that the parent/caregiver/guardian and all pertinent family members/caregivers are active participants in treatment. In situations where all reasonable attempts to engage the youth's family have been unsuccessful (at least five (5) distinct attempts using multiple engagement strategies over the course of 1-2 months), providers must contact the Office of Child and Family Services to discuss the situation and options. Providers may be asked to

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participate in follow-up activities, including the development of a plan as outlined by the Department. A continued lack of family engagement in treatment may result in the youth being discharged from services.

The key components of Family-Centered Residential Treatment are to be documented in the child's case file and include the following:

1. Facilitate regular contact between the youth and family including siblings;
2. Actively involve and support families with a youth in residential treatment
3. Provide outreach and ongoing support and aftercare for the youth and family
4. Document how the outreach is made and maintain contact information for any known biological family and fictive kin
5. Document how family members are integrated into the treatment process for the youth, including post discharge, and how sibling connections are maintained.

Best Practices for Family Participation include but are not limited to:

1. Family and youth involvement in developing the initial treatment plan as well as participating any treatment team meetings
2. Weekly family therapy sessions with the youth, caregivers and siblings, as appropriate
3. On site and at home visitation of the youth with family as frequently as possible
4. Active discussion and participation in discharge and Aftercare planning by youth and family beginning at admission. The CRCF will provide oversight of post-discharge services to the youth and family for six (6) months.

### **Section 9: Reporting Requirements:**

CRCFs may be asked to submit data at the request of the Department.

### **Section 10: Technical Support:**

CBHS employs three Residential Specialists that are available to provide technical assistance and support to providers.

#### **In-State Providers**

Lana Pelletier  
(207) 624-5391  
[Lana.Pelletier@maine.gov](mailto:Lana.Pelletier@maine.gov)

Amanda Hodgkins  
(207) 664-1400  
[Amanda.Hodgkins@maine.gov](mailto:Amanda.Hodgkins@maine.gov)

#### **Out of State Providers**

Cassie Antonelli  
(207) 490-5432  
[Cassie.Antonelli@maine.gov](mailto:Cassie.Antonelli@maine.gov)



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## **Appendix I: Children's Residential Care Facility (CRCF) Aftercare Support Services Guidance**

**AFTERCARE SUPPORT SERVICES DEFINED:** Aftercare Support Services are family-focused, community-based, trauma informed, culturally sensitive supports that will be provided for at least six (6) months post discharge. These services build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the child in a supportive family environment.

### **AFTERCARE SUPPORT SERVICES PURPOSE:**

1. To provide youth of all ages a successful transition to a family and community setting, including community-based programming.
2. To help youth and families implement successful strategies identified during CRCF treatment that can be transferred to a home environment.
3. To provide services and supports to youth and families so that there is a decreased need for other services in the future.
4. To decrease re-admittance to CRCFs.
5. To decrease other out of home placements such as psychiatric hospitalization, Crisis Stabilization Units, emergency departments, etc.

### **SUCCESSFUL AFTERCARE SUPPORT SERVICES COMPONENTS:**

1. Discharge planning begins at time of admission.
2. Transition starts prior to discharge and includes ongoing assessment of barriers to discharge.
3. Includes a Family Transition Specialist (FTS) to provide Aftercare Support Services and be employed by the Children's Residential Care Facility (CRCF).
4. FTS' are Behavioral Health Professional (BHP) Certified and hold a bachelor's degree in social work or a related human services field from an accredited university; or hold a bachelor's degree in an unrelated field with at least one (1) year of professional experience in the human services field.
5. Youth and families will be engaged in discharge planning with opportunities for input in their discharge plan and placement.
6. Includes safety/crisis planning based on what has worked during placement, community outings, home visits; is tailored for discharge settings and anticipated experiences.
7. Includes a holistic service array, including but not limited to:
  - a. **Medical:**
    - i. The coordination/transfer of care (including records) to a Primary Care Provider, dental, medication management etc.
  - b. **Education:**
    - i. A clear plan for educational changes including continuing school and/or transferring to a new school.
    - ii. An identified point person for the youth at school.
  - c. **Youth Supports:**
    - i. Identification of supportive family/foster care.
    - ii. Identification of stable connections with staff/professionals/family.
    - iii. Establishment of positive peer supports.
  - d. **Parental/Family Supports:**
    - i. Identification of peer support for parents.
    - ii. Identification of supportive services for parents.

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**AFTERCARE SUPPORT SERVICES RESPONSIBILITIES:** The CRCF will be responsible for providing and ensuring the provision of at least 6 months of family-based Aftercare Support Services. Aftercare Support Services must be provided regardless of whether it is a planned or unplanned discharge and regardless of the discharge location unless the youth is transferring from CRCF level of care to another CRCF level of care. Aftercare Support Services are not considered duplicative of any other Medicaid service. Aftercare Support Services shall include:

### ***PRE-DISCHARGE***

1. A referral to Targeted Case Management (TCM) or Behavioral Health Home (BHH) (if one is not already involved) should be made far enough in advance so that TCM/BHH services are in place 30 days prior to discharge.
2. Coordination of family-based Aftercare services must be done in conjunction with the Guardian, TCM/BHH Provider, school representative and all other providers involved, including but not limited to referrals for community-based services.
3. Youth will be engaged in discharge planning and help develop their own plan for discharge with their family members and other supports.
4. At a minimum of 30 days prior to discharge the CRCF will:
  - a. Hold a Preliminary Discharge Planning meeting with the youth, family/caregiver as applicable, TCM/BHH, community-based service provider(s), school representative, Primary Care Provider (PCP), licensed clinician, DHHS Staff and Guardian Ad Litem (GAL) (when appropriate) and the youth or family's chosen professional or informal advocate, as applicable.
  - b. Order medications 7-10 business days prior to discharge.
  - c. Develop a clear safety/crisis plan applicable to all the youth and family environments for post discharge.
5. The CRCF facilitates a Discharge meeting (to take place at least 2 days prior to the actual planned discharge date) that should include the following: the youth, family/caregiver as applicable, TCM/BHH, community-based service provider(s), school representative, Primary Care Provider (PCP), licensed clinician, FTS, DHHS Staff and Guardian Ad Litem (GAL) (when appropriate) and the youth or family's chosen professional or informal advocate, as applicable.
  - a. Written documentation is provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the CRCF and community providers including contact information and steps to access them. This documentation will also outline the CRCF's responsibilities in providing Aftercare Support Services.
  - b. The CRCF will document all attempts at arranging Aftercare Support Services and coordinating with community-based entities.

### ***POST-DISCHARGE***

1. The CRCF will complete the required Aftercare contacts within the setting the youth is discharged to.
2. Aftercare Support Service contacts must be in person at least 1 time per month.
3. 72 Hours post discharge:

The CRCF FTS will have in person contact with the youth and caregiver (including siblings) within seventy-two (72) hours of discharge to evaluate the stability of the youth's return to home and offer support as needed.

  - a. If treatment concerns are identified by the FTS, they will connect with the CRCF and current treating clinician to share those concerns in order to identify intervention strategies.
4. 7 Days post discharge:

Within the first seven (7) days post discharge, the CRCF nurse will contact the youth and caregiver to address medication related questions and barriers to scheduling necessary medical appointments.

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5. 30 Days to 90 days post discharge:  
At a minimum of 1 time per week the CRCF FTS will contact the youth and caregiver (including siblings) to assess placement stability and address identified concerns.
  - a. If treatment concerns are identified by the CRCF FTS, they will connect with the CRCF's current treating clinician to share those concerns to identify intervention strategies.
6. 90 Days thru 180 Days post discharge:
  - a. At a minimum of 2 times/per month, the Family Transition Specialist contacts the youth and caregiver (including siblings) to assess placement stability and address identified concerns.
  - b. If treatment concerns are identified by the CRCF FTS, they will connect with the current treating clinician to share those concerns to identify intervention strategies.
8. The CRCF will make themselves available to the community providers and school for ongoing consultation.
9. The CRCF will participate in family and/or permanency team meetings post discharge to help address challenges that are not able to be resolved through the above check-ins.
10. All post-discharge calls, meetings, actions will be documented by the CRCF.
11. If behaviors are escalating post discharge, the CRCF will work with community-based providers to identify treatment intervention strategies.
12. The FTS shall complete a CRCF Aftercare Support Services Summary report (see Appendix 2) at thirty (30), ninety (90) and one-hundred eighty (180) days after a youth's discharge from the CRCF. All CRCF Aftercare Support Services Summary reports must include any clinical assessments and treatment goals. The reports are due no more than fifteen (15) days after completion and should be submitted to the following, as applicable: child welfare or juvenile justice representative(s), guardian(s), case manager, primary care physician, and/or treatment providers.

Exemptions to Aftercare Support Services may be allowable under certain circumstances and requests for an exemption should be directed to an [OCFS Residential Specialist](#). Only CRCF providers are permitted to submit an exemption and must do so using an Aftercare Support Services Exemption Request Form provided by the Residential Specialist. The exemption request must include documentation of supporting evidence that Aftercare Support Services are not medically necessary or are clinically contraindicated. If approved, this exemption is valid for 30 days.

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### Appendix 2: Children's Residential Care Facility Services Aftercare Support Services Summary Report

Youth Name:	Mainecare #:	Date of Birth:
Family Transition Specialist:	Residential Program:	Discharge Date:
Program Type: MH <input type="checkbox"/> ID/DD <input type="checkbox"/>	Reporting Period: 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/>	For 30-day report: <input type="checkbox"/> Family Transition Specialist 72 hr. in person contact <input type="checkbox"/> Children's Res. Care Facility Nurse 7-day contact
Guardian Name:	Guardian Phone:	Guardian Address:

#### TEAM MEMBERS

(reports are due no more than 15 days after completion to the following, as applicable)

Role	Name
Guardian/Child Welfare	
Juvenile Justice Representative	
Case Manager	
Primary Care Physician	
Treatment Provider	
Other (specify role):	
Other (specify role):	

#### TREATMENT PLAN INFORMATION

(Summary of youth's goals, progress, and action steps taken)

#### CASE CONTACTS DURING REPORT PERIOD

(Date, Contact Name, Summary of Contact)

#### HOUSING (Youth's Current Placement)

- ☐ Parental Home      ☐ Licensed Unrelated Foster Home      ☐ Guardianship  
☐ Licensed/Unlicensed Relative Home      ☐ Independent Living  
☐ Other (describe): \_\_\_\_\_

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Are Aftercare Support Services assisting with housing (include any strengths and/or barriers)?

Summarize any changes in placement, including temporary changes, during this reporting period (shelter, detention, elopement, etc.)?

### **MENTAL AND BEHAVIORAL HEALTH**

Specify the mental/behavioral health services provided (include any psychiatric services/therapy, assessments, evaluations, medications, updates, etc.):

### **FAMILY ENGAGEMENT**

Describe youth and family engagement and participation in Aftercare Support Services:

### **RELATIONSHIPS/SUPPORTS**

Summary of youth's relationship with family, including how they are involved in supporting the youth's ongoing clinical needs. Include any needs for connection and the plan to address needs.

Summary of peer relationships and how they are impacting the youth's success (negative or positive). Include needs for connection and plans to address needs.

Summary of any community supports, programs, or activities supporting youth's success. Include any unmet needs, such as connection to culturally appropriate services and plans to connect youth with services.

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### YOUTH EMPLOYMENT

Employment Status:

Employed ☐ Yes ☐ No ☐ N/A ☐ Job Searching ☐ Vocational Rehabilitation

List any aftercare services being provided to assist with employment (include strengths and barriers).

### EDUCATION

Current Grade:

Individual Education Plan (I.E.P.): ☐ Yes ☐ No

504 Plan: ☐ Yes ☐ No

Are any of the Aftercare Support Services being provided to assist or aid in education? (Include any strengths and/or barriers.)

### AFTERCARE SUPPORT SERVICES FOLLOW UP

List any follow up needed, next steps and person responsible.

\_\_\_\_\_  
Family Transition Specialist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Transition Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date